

2017-07-04

Research Grant- Final Report Summary Form

IUB

Independent University, Bangladesh

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Independent University, Bangladesh (IUB)
Research Grant- Final Report Summary Form*

1. Research Project Title:

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2. Principal Investigator Information:

Name	ID	Designation	Department	E-mail	Contact No.

3. Co-Investigator(s) Information (if applicable):

Name	ID (if applicable)	Designation	Department	E-mail	Contact No.
Add Co-Investigator					

4. Project Start Date:

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5. Amount awarded:

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6. Date of Completion:

* To be filled up by Sponsored Research based on the Final Report.

7. Information regarding collaboration within IUB for the Research Project

Intra Departmental Yes No

Inter Departmental Yes No

Inter School Yes No

If Yes, please give details of implementation

8. Information regarding other University and/or Industry collaboration:

Other University Yes No

Industry Yes No

If yes, please give details of implementation:

9. Details of External Funding other than IUB Funding (if applicable):

10. Outcome resulting or expected to result from the Research Project:

Category	No.	Reputation	Local or International	N/A
Journal Paper (Peer				

Reviewed)
Journal Paper (other)
Book
Book Chapter
Conference Presentation
Conference Paper/ Abstract
Conference Poster Presentation
Others

Please provide details

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11. Status: Submitted Will submit

12. Journal/ Publisher/Organizer details:

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13. Expected date of Publication:

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14. Industry/Community improvement Outcomes:

Category	No.	Local or International	N/A

Patents
Industry Applications
Seminars
Workshops
Community Engagement/initiatives
Others(please specify)

Please provide details

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15. Other Outcomes:

New Theory Development
Potential for new Research studies
Potential impact on new policies
Usefulness of Research for Faculty/Students/Administration
Others(please specify)

16. Please provide a detailed account of the expenditure of the Research Project funds:

Itemized list of Approved Budget	Time Period	Amount Allocated	Amount Spent

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17. Attach the Final Report with this form.

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Name and Signature

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Date